DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or the below named inventors are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "METHOD AND APPARATUS FOR DETERMINING A SAMPLING PLAN BASED ON PROCESS AND EQUIPMENT STATE **INFORMATION**" the Specification of which:

\boxtimes	is attached hereto. was filed on	as Application Ser	ial No	
I herel		iewed and understan	d the contents of th	e above-identified specification,
material to pate	owledge the duty to disc entability of the subject I Regulations, § 1.56.	lose to the Patent and matter claimed in th	Trademark Office alis application, as "m	Il information known to me to be ateriality" is defined in Title 37,
patent, United any foreign app	States provisional application	ntion(s), or inventor's and States provisional a	certificate listed belo	of any foreign application(s) for www and have also identified below or's certificate having a filing date
	PRIOF	ATY APPLICATION	N(S)	Priority Claimed
(Number)	(Country	/)	(Date Filed)	Yes/No
(Number)	(Country	<i>y</i>)	(Date Filed)	Yes/No
listed below as United States acknowledge t	nd, insofar as the subject application in the manne the duty to disclose all in a application, as "mater ble between the filing da	matter of each of the provided by the fir formation known to ality" is defined in	claims of this applic st paragraph of Title me to be material to Fitle 37, Code of Fec	f any United States application(s cation is not disclosed in the prior 35, United States Code, § 112, patentability of the subject matter deral Regulations, § 1.56, which or PCT international filing date of
(App	lication Serial No.)	(Filing Date)	(Status)	
(App	lication Serial No.)	(Filing Date)	(Status)	
I here	eby direct that all corres	oondence and telepho 576 Hillmont, Suite 2	ne calls be addressed 50, Houston, Texas 7	1 to Scott F. Diring, Patent Agen 7040, (608) 833-0748.

I HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

Inventor's Signature: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: Inventor's Signature: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (street, number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: Inventor's Full Name: CHRESTOPHER A. BODE Inventor's Signature: CHRESTOPHER A. BODE Inventor's Signature:	Inventor's Full Name:	THOMAS J. SONDERMAN			_
Residence Address: (street, number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Residence Address: (street, number, city, state, and/or country) Post Office Address: (street, number, city, state, and/or country) Post Office Address: (street, number, city, state, and/or country) Post Office Address: (street, number, city, state, and/or country) Post Office Address: (street, number, city, state, and/or country) Post Office Address: (street, number, city, state, and/or country) Post Office Address: (street, number, city, state, and/or country) Inventor's Full Name: CHERSTOPHER A. BODE	Inventor's Signature:				_
number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: Inventor's Signature: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: CHRASTOPHER A. BODE CHRASTOPHER A. BODE	Country of Citizenship:	USA	Date:	12/17/07	_
Post Office Address: (if different from above) Inventor's Full Name: Inventor's Signature: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: CHEPSTOPHER A. BODE		16010 BRAESGATE DRIVE			_
Inventor's Full Name: Inventor's Signature: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (idifferent from above) Inventor's Full Name: CHRISTOPHER A. BODE		AUSTIN, TEXAS 78717			_
Inventor's Signature: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (same Inventor's Full Name: CHRASTOPHER A. BODE		Same			_ _
Inventor's Signature: Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (same Inventor's Full Name: CHRASTOPHER A. BODE		A PAGA DAGA		,	
Country of Citizenship: Residence Address: (street, number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: CHRISTOPHER A. BODE	Inventor's Full Name:	(.)			_
Residence Address: (street, number, city, state, and/or country) Post Office Address: Same (if different from above) Inventor's Full Name: CHRISTOPHER A. BODE	Inventor's Signature:	Mirand of Frank		in line in	_
number, city, state, and/or country) Post Office Address: (if different from above) Inventor's Full Name: CHRISTOPHER A. BODE	Country of Citizenship:	USA	Date: _	12/17/2001	_
Post Office Address: (if different from above) Inventor's Full Name: CHRISTOPHER A. BODE		8717 DANDELION TRAIL			_
(if different from above) Inventor's Full Name: CHRISTOPHER A. BODE		AUSTIN, TEXAS 78745			
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Inventor's Signature:	Inventor's Full Name:	CHRYSTOPHER A. BODE			
	Inventor's Signature:	Clariffe & Dan			
Country of Citizenship: USA Date:	Country of Citizenship:	USA	Date:	12/17/01	_
Residence Address: (street, 4700 STAGGERBRUSH ROAD #738	Residence Address: (street,	4700 STAGGERBRUSH ROAD #738			_
number, city, state, and/or country) AUSTIN, TEXAS 78749		AUSTIN, TEXAS 78749			_
Post Office Address: Same		Same			

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

§

In re Application of:

THOMAS J. SONDERMAN ALEXANDER J. PASADYN CHRISTOPHER A. BODE

Examiner: Unknown

Serial No.: Unknown

Group Art Unit: Unknown

Att'y Docket: 2000.083400/TT4501

Filed: Concurrently Herewith

For: METHOD AND APPARATUS FOR

DETERMINING A SAMPLING PLAN BASED ON PROCESS AND EQUIPMENT

STATE INFORMATION

POWER OF ATTORNEY

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

The undersigned, being the inventor named in the above-identified application, hereby revokes any previous Powers of Attorney and appoints:

Elizabeth A. Apperley, Reg. No. 36,428; Bradley Botsch, Reg. No. 34,552; Michael Caywood, Reg. No. 37,797; Daniel R. Collopy, Reg. No. 33,667; Paul S. Drake, Reg. No. 33,491; Rajendra Jaipershad, Reg. No. 44,168; Diana Roberts, Reg. No. 36,654; Richard J. Roddy, Reg. No. 27,688; and Harry A. Wolin, Reg. No. 32,638 of Advanced Micro Devices, Inc.; and

Danny L. Williams, Reg. No. 31,892; Terry D. Morgan, Reg. No. 31,181; J. Mike Amerson, Reg. No. 35,426; Kenneth D. Goodman, Reg. No. 30,460; Jeffrey A. Pyle, Reg. No. 34,904; Bradley A. Misley, Reg. No. 46,937; Ruben S. Bains, Reg. No. 46,532; Scott F. Diring, Reg. No. 35,119; George J. Oehling, Reg. No. 40,471; Shelley P.M. Fussey, Reg. No. 39,458; Mark D. Moore, Reg. No. 42,903; Louis H. Iselin, Reg. No. 42,684; Raymund F. Eich, Reg. No. 42,508; Thomas H. Belvin, Jr., Reg. No. 43,491; Daren C. Davis, Reg. No. 38,425; and Stephanie A. Wardwell, Reg. No. 48,025 of Williams, Morgan & Amerson, P.C.,

as its attorney or agent so long as they remain with such firms, with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to transact all business in the Patent and Trademark Office in connection therewith, and to receive any Letters Patent, and for one year after issuance of such Letters Patent to file any request for a certificate of correction that may be deemed appropriate.

Please direct all communications as follows:

Scott F. Diring, Patent Agent WILLIAMS, MORGAN & AMERSON, P.C. 7676 Hillmont, Suite 250 Houston, Texas 77040

(713) 934-7000

Signature:

Signature:

Date: 12(17/0)

Date: 12/17/2001

Date: 12/17/01

Signature: